



Electronic Update

June 30, 2004

AAA Warman Home Care's Weekly E-Update is intended to bring to you timely and useful articles and information at the click of the mouse. It is sent every other week in an effort to keep you apprised of what is happening across the healthcare continuum of care effecting hospital, hospice and rehabilitation social workers and case managers, as well as Assisted Living, Independent Living and Skilled Nursing facility executives. Warman understands that time is limited and has undertaken to share with you important industry information without your having to search for it.

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- 1. Elderly Suicide Linked to Several Illnesses.** (Ivanhoe Newswire) -- A new study shows many common illnesses may be linked to an increased risk of suicide in elderly people, and physicians are in an optimal position to help prevent it.

Most of the patients in the study who committed suicide visited a physician in the month before death. About half of them saw a doctor during the week before. Authors of the study say health care professionals should be alert to the possible threat of suicide in elderly patients with chronic illness, particularly those with multiple illnesses and symptoms of depression.

In the study of 1,329 seniors who committed suicide, researchers found the largest increases in suicide risk were linked to depression, bipolar disorder, and severe pain. Other chronic illnesses, including seizure disorder, congestive heart failure, and chronic lung disease were also associated with an increased risk for suicide.

According to the article, elderly people in many countries commit suicide at a rate higher than any other segment of the population.

In an accompanying editorial, the writers point to three directions for future research based on the new study: They suggest researchers study the mechanisms that protect individuals with medical disorders,

depression and pain who do *not* kill themselves, understand how those who killed themselves appeared in their physician's offices and what physicians should look for, and develop interventions to help those who are identified as high risk for suicide.

SOURCE: *Archives of Internal Medicine*, 2004;164:1179-1184, 1171-1772

- 2. Simple Steps to Fight Obesity.** DENVER (Ivanhoe Newswire) -- One in three American children is overweight, and they're growing into overweight adults. According to the book "Fast Food Nation," in 2000, we spent \$110 billion on fast food and are more sedentary than ever. The lifestyle of the 21 century is being blamed, but small changes can make a big difference.

From biggie sized meals to sugary juice drinks, people worldwide are consuming more calories than ever before. And it doesn't take much to add up.

"Say, an extra Lifesaver. If you take in one more Lifesaver over what you burn, theoretically, you're going to gain a pound of weight a year," says James Hill, Ph.D., a nutrition expert at Colorado Clinical Nutrition Research Unit in Denver.

Hill says eliminating 100 calories a day or burning 100 more is all it takes to prevent weight gain. Replacing a soft drink with a diet drink or water saves a 150. Leaving four bites of a cheeseburger leaves 100 calories. A small fry in place of super size saves 400 calories. "Now, it isn't going to produce a lot of weight loss, but if we could stop weight gain, no more weight gain, then with each generation, we have less and less obesity," Hill tells Ivanhoe.

He heads the campaign "America on the Move." In Colorado, and 19 other states, people are encouraged to strap on pedometers and get walking. He says: "What we ask people to do is to wear it for a few days and find out how many steps you're taking and add 2,000 more. Two thousand steps takes about 15 minutes. It's about a mile, and it's a hundred calories."

It may not sound like much, but Hill says it's a place to start. "If we can't get people walking," he says, "it's unlikely that we'll be able to get them to be more active."

Nona Wood never considered fitness. "Exercise? God forbid. What is that horrible word?" But, she started walking and was hooked. And now, more than 10 pounds lighter, she sees the difference little steps can make.

There are several ways to cut 100 calories. Simply removing four pieces of pepperoni from a slice of pizza can save you that much. Leaving 10 french fries on your plate will also do it.

If you would like more information, please contact: James Hill, Ph.D., Colorado Clinical Nutrition Research Unit, Denver, CO, James.hill@UCHSC.edu

- 3. Alternative Pain Relief.** PHILADELPHIA (Ivanhoe Newswire) -- The way pain is handled after surgery is changing, making it easier for patients to recover more comfortably. There are new treatments on the horizon, and here's where the future of pain medication is headed.

After prostate surgery, Stephen Huntington didn't get the normal treatment for his pain following prostate surgery. As an alternative, doctors gave him a pain patch. "Instead of having to lug around a cart with an IV, you're walking around with this little credit-card-sized patch," he tells Ivanhoe.

With the push of a button, the patch sends pain relief through the skin. Eugene Viscusi, M.D., an acute pain specialist at Thomas Jefferson University Hospital in Philadelphia, says this patch is just one way pain treatment is changing.

"I think the future of pain medicine will be less invasive -- less external technology, which may lead to medication errors and equipment malfunctions," Dr. Viscusi tells Ivanhoe.

Even pain pills are transforming. Some last for prolonged periods, so patients can take them less frequently. Another product under study is DepoMorphine. "With a single epidural injection, pain relief can be obtained for about 48 hours," Dr. Viscusi says.

Huntington is fully recovered and is back at work at his law office. He says, "While I certainly wouldn't recommend this surgery as a recreational activity, I guess I appreciated the fact that this aspect of the painkiller delivery system made it a little bit easier." With options like these on the horizon, pain relief won't be such a pain anymore.

DepoMorphine, also called DepoDur, was FDA approved May 19, 2004. The pain patch is currently under FDA review. Dr. Viscusi says the patch is only for post-surgery pain, not chronic pain. If it's approved, it will be used only in a medically supervised setting.

If you would like more information, please contact: Thomas Jefferson University Hospital, Physician Referral Line, (800) JEFF-NOW, <http://www.jeffersonhospital.org>

- 4. Fighting Hospital Infections.** BALTIMORE (Ivanhoe Newswire) -- Each year, about 2 million Americans develop a potentially fatal infection during a hospital stay. Many of those infections are developing a strong resistance to the antibiotics used to treat them, leaving few effective therapies. Now two new therapies are packing a powerful punch against these infections.

Johns Hopkins University Epidemiologist Trish M. Perl, M.D., is a leader in the fight against hospital infections. "Some of them are more of an inconvenience, but some of them can actually be fatal," she tells Ivanhoe.

Among those potentially fatal infections are staph infections. About 30 percent of us carry a harmless form of it in our noses. But, if you need surgery, it can turn dangerous. Dr. Perl says, "If you're colonized with this organism, you are anywhere from seven- to nine-times more likely to develop an infection after surgery."

She studied the antibiotic Bactroban when it was rubbed in patients' noses before surgery. The result was a nearly 50-percent reduction in infections among carriers of the bacteria.

John Alverdy, M.D., a surgeon and critical care specialist at University of Chicago, is targeting another lethal infection -- pseudomonas. "It is the single most fatal organism you can get in a hospital," he says.

He developed a protective coating that he injects into the intestines. "We developed a polymer that, when placed in the intestine, does not disturb the ecosystem of the intestine but just provides a chemical shield." In mice, it was 100-percent effective.

Dr. Alverdy's research is quickly moving ahead. He's set to test the compound in preemies who are prone to this infection. "We want to use this compound as a way of making the formulas that we use a little bit more like breast milk," he says. He hopes by strengthening those tiny defenses, he'll end up with more success stories.

In the last 20 years, hospital infections have increased nearly 40 percent. Nearly 100,000 people die from these infections every year, which is more than die from breast cancer, prostate cancer and skin cancer, combined.

If you would like more information, please contact: National Patient Safety Foundation, American Medical Association, 8405 Greensboro Dr. Suite 800, McLean, VA 22102, (703) 506-3280, <http://www.npsf.org/>

5. **Toxic Shock on the Rise.** (Ivanhoe Newswire) -- In the 1980s toxic shock syndrome decreased in incidence, but now researchers say it's on the rise again.

Toxic shock syndrome is often associated with improper tampon use. It is an illness brought on by *Staphylococcus aureus*. The toxic shock symptoms include fever, rashes, vomiting, diarrhea, aches and pains.

In the early 1980s, toxic shock syndrome cases were 10 per 100,000 women, but dropped later in the decade when the highest absorbency tampons were taken off the market. The number of cases is once again climbing, putting the latest toxic shock syndrome statistics at 5 per 100,000 women.

Patrick Schlievert, Ph.D., lead author of the study, says, "Although this study was done in Twin Cities, this is a phenomenon across the United States."

Researchers are continuing to study the reasons for the increase in incidents, especially since women are becoming immune to the antibiotics that are being prescribed to treat TSS.

Schlievert says women need to be aware of the rise in toxic shock syndrome incidents and begin to monitor their tampon usage.

Experts recommend women change their tampons at least every four to eight hours, choose the correct absorbency size according to menstrual flow, and use pads in the evenings.

SOURCE: *Journal of Clinical Microbiology*, 2004;42:2875-2876

6. **Your Money or Your Health?** (Ivanhoe Newswire) -- A new study shows senior citizens who cut back on certain prescription medications are more likely to have a poor health outcome.

The findings were based on a three-year study conducted by a team of researchers from the University of Michigan in Ann Arbor and the VA Ann Arbor Healthcare System.

Nearly 8,000 senior citizens who regularly took all of their prescription medications participated in the study.

At the end of the study, participants who stopped taking drugs due to cost were 76-percent more likely to suffer a significant decline in their overall health. Fifty percent of these participants were more likely to suffer a heart attack, stroke or chest pain episode compared to those who did not cut back on their medications.

Authors of the study conclude, "Our results indicate you may be putting your health at risk by letting financial considerations limit your medications. There are national, state and local programs, generic drugs, and other ways to cut costs, but you should explore every option before cutting back -- and don't hesitate to enlist your doctor's help in reducing your medication expenses."

SOURCE: *Medical Care*, 2004;42:626-634

AAA Warman Home Care is a family-owned Residential Services Agency which has been providing in-home health care services to thousands of clients for the past fifteen years. Warman specializes in providing the highest quality of private duty, non-medical care and companionship for the elderly, those recuperating after hospitalization/rehabilitation, the terminally ill, disabled, alone or at-risk. It is our goal to assist our clients in living the most independent, healthy and comfortable lives in the privacy of their own homes. Warman can be reached at 888-243-6602.

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